Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Address 401 LAFOLLE Owner KIRK JOHNSO Owner's Addr 2006 COTE D Person in Cha SHERRY CA	401 LAFOLLETTE STATION, FLOYDS KNOBS IN 47119 Owner KIRK JOHNSON Owner's Address 2006 COTE DE CHAMBORD FLOYDS KNOBS, IN 47119- Person in Charge SHERRY CARAWAY Responsible Person's Email SHECAR812@AOL.COM						Telephone Number 812-923-4600 812-989-4469 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Date of Inspection 06/30/2022 Follow Up Menu Type 1 2 _X 3	ID# Released 06/30/2022	
SHERRY CARAWAY										
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	ion# C NC R Narrative							To Be Corrected		
443 343 218 214	x x	concentration. Observed no sanitizer spray bottle or sanibucket in kitchen. Make up second bottle of sanitizer spray to keep in kitchen.								
309		Χ		Observed the ex	haust fan in both (2) rest			1 week		
438	Х		Χ		bottle in bar without a na	1 day				
431		X			ne last 3 inspections. Sulation of dust on displa	y shel	ves in bar.	3 days		
Summary of V			C -	3 NC	_4_ R _1_	Ir	nenected by (name and title	nrinted):		
		me prii	nea):			Inspected by (name and title printed): Thomas Snider CFS				
SHERRY CARAWAY Received by (signature):							Inspected by (signature): Thomas Snider			
cc:					cc:			cc:		